

## Editorial Independence at the Journal

The title of this editorial honors Richard Smith, the outgoing editor of *BMJ*, who recently published a spirited and honorable editorial of his own, "Editorial Independence at the *BMJ*."<sup>1</sup> That short piece helped crystallize for us a common underlying principle as we wrangled over issues of guest editorship, outside funding for Journal publications, and peer review of various categories of papers.

We began writing this editorial in March 2004 at the annual spring meeting of the Journal's editorial board and editors. Allocating 12 months for preparation and publication of this editorial allowed us to gain additional input from the American Public Health Association's executive board in addition to the Journal editorial board and editorial team members during the 132nd Annual Meeting and Exposition of the Association in November 2004. Genuine collaboration takes time and many drafts to get it right.

The motivation for writing this piece at this particular time came not from outright threats to continued editorial independence at the Journal, but rather from our collective desire to reaffirm the core value of editorial freedom. Together, we represent the editor-in-chief (M.E.N.), the outgoing editorial board chair (K.R.M.), the incoming editorial board chair (M.L.H.), the executive editor (N.J.J.), and the publisher (G.C.B.) of the Journal. This is not our first attempt at coauthorship,<sup>2</sup> nor will it be our last. We honor the process and enjoy the struggle of working together to uphold the scientific integrity and ethical principles that form the common

mission of the Journal and the Association, that is, to continue to strive to improve public health for everyone.<sup>3</sup> Nonetheless, we wish to underscore the very real need for a clear separation between the Journal and the Association on editorial matters, as elaborated below.

As representatives of both the Journal and the Association, we agree with Smith when he asserts, "Journals should be on the side of the powerless not the powerful, the governed not the governors. If readers once hear that important, relevant, and well argued articles are being suppressed or that articles are being published simply to fulfill hidden political agendas, then the credibility of the publication collapses—and everybody loses."<sup>1(p0)</sup> Furthermore, we want to avoid even the *appearance* of threats to editorial independence vis-à-vis new Journal and Association initiatives and to reassure our readers and members that editorial freedom is alive and well.

This is no small affirmation. We live in a time when there are increasing attempts to censor or restrict information provided to the public under the auspices of national security.<sup>4</sup> Limitations on societal resources for health care have reduced funding from medical schools and hospitals for the infrastructure of continuing medical education (CME); commercial support now constitutes more than 50% of the total income of accredited CME providers.<sup>5</sup> The cumulative influence of this support is increasingly biasing CME development, presentation, and participation toward topics that benefit commercial interests.<sup>5</sup>

Smith, unconventional editor and original thinker that he is, believes that "[u]ltimately . . . editorial independence is a space in editors' heads, a complex function of their personality, courage, power, and the pressures they feel from owners, business people, and others."<sup>1(p0)</sup> We appreciate this belief. But given how fundamentally important editorial independence is to safeguarding the public's health and upholding the scientific integrity of the Journal, we have elected to go public with our plan to defend editorial independence now and in the future by making this statement of our collective position.

### REAFFIRMING THE BASIS FOR EDITORIAL INDEPENDENCE

In 2000, the Journal reaffirmed its commitment to editorial independence in the wake of a spate of sudden changes in editors-in-chief at renowned medical journals, including our own.<sup>6</sup> The Journal and the International Committee of Medical Journal Editors<sup>7</sup> have since adopted the definition of editorial freedom endorsed by the World Association of Medical Editors (WAME) and posted on its Web site on June 19, 2000.<sup>8</sup> The preamble—which is often omitted from definitions of editorial independence—states the following:

Editors-in-chief and the owners of their journals both want the journals to succeed, but they have different roles. The primary responsibilities of the editors-in-chief are to inform and educate readers, with attention to the accuracy and impor-

tance of journal articles, and to protect and strengthen the integrity and quality of the journal and its processes. Owners are ultimately responsible for all aspects of publishing the journal, including its staff, budget, and business policies. The relationship between owners and editors-in-chief should be based on mutual respect and trust, and recognition of each other's authority and responsibilities, because conflicts can damage the intellectual integrity and reputation of the journal and its financial success.<sup>8</sup>

We have embodied these words. We all want the Journal to succeed in its stated mission to advance public health research, policy, practice, and education.<sup>8</sup> After several years of enormous activity and transitions that have kept us challenged yet hopeful,<sup>2</sup> we are beginning a period where we are focused on improving our communications, processes, and procedures. In this positive light, we reaffirm the second guideline for protecting the responsibility and authority of editors-in-chief and owners set forth by WAME, namely:

Editors-in-chief should have full authority over the editorial content of the journal, generally referred to as "editorial independence." Owners should not interfere in the evaluation, selection, or editing of individual articles, either directly or by creating an environment in which editorial decisions are strongly influenced.<sup>8</sup>

This is what most readers and members think of as "editorial freedom." Yet there are other guidelines under this principle, as well as 4 endorsed "responsibilities of medical editors" listed on the WAME Web site.<sup>8</sup> The WAME guidelines were very useful to us in sorting through the seemingly diverse issues of guest editorship, outside funding for Journal publications, and peer review.

## GUEST EDITORS

We have previously suggested that if the Journal is to contribute to social change that eliminates health and other inequalities, we need to continue to enlist the support and contributions of partners inside and outside the health sector.<sup>10</sup> As the Journal is our forum for advancing public health and social justice,<sup>2</sup> we have enlisted the talents and expertise of devoted public health leaders to "guest edit" theme issues of the Journal. Our volunteer guest editors set the vision of the issue and often write the lead editorial or the editor's choice column that introduces the issue to our readers. At times, they draft calls for papers that are published in the Journal and circulated through other formal and informal means to reach potential authors with targeted messages. Guest editors also personally recruit outstanding work from experts in the field that might not otherwise appear in the Journal. In addition, they suggest peer reviewers that help us to broaden our reviewer database and to ensure scholarship of a high level. However, the ultimate challenge for guest editors is to create a cohesive body of work that will advance the field of public health.

In order to track the flow of papers and reviews, guest editors have privileges in our database tracking system that allow them to view all submissions on a given theme, as well as their attendant reviews and editorial decisions. Guest editors do *not*, however, render any of the editorial decisions to reject, revise, or accept a given paper; only official members of the editorial team have such authority and the "heavy lifting" responsibility of reading, reviewing, and guiding

the editorial and peer review processes for formal submissions. This policy ensures that the standards of the Journal are met and that an official member of the editorial team serves as the "responsible editor" or editor of record for each and every paper submitted, reviewed, accepted, and published. Further, this policy protects the guest editor from peer pressure or attempts to influence decisions regarding acceptance or rejection of Journal contents. This is consonant with the third guideline that WAME lists under editorial independence, namely:

Editorial decisions should be based mainly on the validity of the work and its importance to readers. . . . To maintain this position, editors should seek input from a broad array of advisors, such as reviewers, editorial staff, an editorial board, and readers.<sup>8</sup>

To this list we would respectfully add "guest editors."

## OUTSIDE FUNDING

In October 2001, the CARE–CDC Health Initiative sponsored an issue of the Journal devoted to global health and provided resources as needed to ensure that the involved authors, editors, and staff were able to meet the tight publication deadlines.<sup>11</sup> Thus began our "modern era" of partnering with public health foundations, agencies, and institutions to raise funds to help offset the costs to the Association of investments in Journal infrastructure (such as devising and maintaining its Web-based manuscript tracking system) and enhancements (including enlisting the services of talented designers to help conceptualize and select the cover of the Journal each month). Here WAME advises that "in order to assure the honesty and integrity of the content of [the Journal] and

minimize bias," it is necessary to separate "the editorial and business functions of [the Journal]."<sup>8</sup>

Hence, all proceeds from partnering foundations, agencies, and institutions raised to support Journal issues, supplements, or any portion thereof, are administered by the Association and deposited directly into the overall Association budget. Neither the editor-in-chief nor any member of the editorial team receives any monetary compensation from Journal funding arrangements with outside partners. This "firewall" between the editors and funding partners is essential to avoid even the appearance of "bought pages" or the lowering of standards for publication.

## PEER REVIEW

Finally, according to the International Council of Medical Journal Editors, "unbiased, independent, critical assessment is an intrinsic part of all scholarly work, including the scientific process. Peer review is the critical assessment of manuscripts submitted to journals by experts who are not part of the editorial staff. Peer review can therefore be viewed as an important extension of the scientific process."<sup>7</sup> Over the past several years, Journal editors have made a deliberate decision to peer review more of the department papers and other "front pieces" than in the past. Further, every Journal article that is peer reviewed is marked as such at the bottom of each page. This policy has better ensured that positions expressed in the Journal are vetted by persons other than members of the formal editorial team. We also mandate that all peer reviews and editorial decisions on all papers submitted, reviewed, accepted, and published be part of the Journal database repository

and that all authors, peer reviewers, and editors fully disclose any conflicts of interest.

While we have taken a number of steps to ensure editorial independence of the *Journal*, the day-to-day threats to that independence are usually subtle and difficult to address directly. These threats include but are not limited to the pressure exerted by ambitious authors and guest editors to subvert the peer review process and push work through by appealing to outside professional collaborations; frustrations expressed at the length of time reviews take to come in and editorial decisions take to come out; and the self-censorship fostered by fraught climates and limited resources. Editorial independence requires great vigilance and responsibility on the part of the editorial team, the publisher, potential authors, Association members and leaders, and the broader readership to live up to the principles and spirit of the at-

tendant guidelines. Editorial freedom is evidenced in the many decisions made by the editorial and production staffs every day. It is so central to our mission that we are willing to go to the wall to protect the *Journal* against any infringements—real or perceived—on this core value. Expect us to remain true to our mission of advancing public health by holding one another accountable to the principle of editorial independence as we continue to evolve the *Journal* to meet new publishing mandates. ■

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#### References

1. Smith R. Editorial independence at the *BMJ*. *BMJ*. 2004;329:0. Available at: <http://bmj.bmjournals.com>. Accessed December 17, 2004.
2. Northridge ME, McLeroy KR, Haviland ML. Essential tensions in the *Journal*. *Am J Public Health*. 2004;94:11–13.
3. American Public Health Association (APHA). About APHA. Available at: <http://www.apha.org/about>. Accessed October 31, 2004.

4. American Association of University Professors (AAUP). Academic freedom and national security in a time of crisis: a report of the AAUP's Special Committee. *Academe*. 2003;89:34–59.
5. Van Harrison R. The uncertain future of continuing medical education: commercialism and shifts in funding. *J Contin Educ Health Prof*. 2003;23:198–209.
6. Johnson N. The *Journal*: new chapter, new century. *Am J Public Health*. 2000;90:19–22.
7. International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals: writing and editing for biomedical publication. Available at: <http://www.icmje.org/#editor>. Accessed October 31, 2004.
8. World Association of Medical Editors. WAME Policy Statements. Available at: <http://www.wame.org/wamestmt.htm>. Accessed October 31, 2004.
9. American Journal of Public Health. About the *Journal*. Available at: <http://www.ajph.org/misc/about.shtml>. Accessed October 31, 2004.
10. Northridge ME. Partnering to advance public health: making a difference through government, community, business, and academic vocations. *Am J Public Health*. 2003;93:1205–1206.
11. Northridge ME, Wilcox J. One world: global health. *Am J Public Health*. 2001;91:1548.